



MEMBERSHIP APPLICATION

553 Glover Avenue, Enterprise, AL 36330
334.347.0581 | www.EnterpriseAlabama.com



Welcome! Please tell us about your business or organization.

Company Name: _____ **# of Years In Business:** _____

Physical Address *(published in directory):* _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address *(if different from above):* _____

City: _____ **State:** _____ **Zip:** _____

Company Phone: _____ **Company Website:** _____

Main Contact: _____ **Title:** _____ **E-mail:** _____

(Main contact is listed in Enterprise Chamber public directory and receives all Chamber mailings and e-communications.)

Total # of Full-Time Employees: _____ **Total # of Part-Time Employees:** _____

Online Directory Category 1: _____ **Online Directory Category 2:** _____

Company Description *(briefly list goods and/or services to be published in public directory on our website):*

Billing Info *(if different from above please fill out details below):*

Billing Contact: _____ **Title:** _____

Email: _____ **Phone:** _____

Company Name *(if name listed above is a d/b/a):* _____

Company Logo: Please email a high resolution image of your company logo in either .jpg or .png to info@enterprisealabama.com

Do you have a current business license with the City of Enterprise? *(circle one):* YES NO

Additional Info:

Primary reason(s) you are joining the Enterprise Chamber of Commerce *(check all that apply):*

- Networking & Professional Development**
 Business Education
 Marketing/Visibility
 Economic Development & Services
 Chamber Events
 Membership Benefits & Services
 Other *(please list reasons):* _____

Are you interested in volunteering for any of the events/committees below? *(check all that apply):*

- Boll Weevil Fall Festival**
 St. Patrick's Day Parade/Half Pint 0.5K
 Christmas Parade
 Senior Living Expo
 Ambassadors
 Tourism
 Military & Veterans Affairs
 Not Yet

Would you like to be contacted to schedule a Ribbon Cutting Ceremony *(circle one):* YES NO

Thank you for your support! Please return your completed application and payment *(investment schedule is listed on the back)* to the Chamber. Your application will be processed and a Chamber representative will contact you soon.

Signature of authorized representative: _____

Date Signed: _____



ANNUAL INVESTMENT



GENERAL BUSINESS MEMBERSHIP

(2 part-time employees = 1 full-time employee)

| NUMBER OF EMPLOYEES | INVESTMENT RATE |
|---------------------|-----------------|
| 1-5 | \$200 |
| 6-10 | \$245 |
| 11-25 | \$330 |
| 26-50 | \$400 |
| 51-100 | \$530 |
| 101-250 | \$660 |
| 251-500 | \$980 |
| 501+ | \$1,190 |

FINANCIAL INSTITUTIONS MEMBERSHIP

(Deposits per million applies to Banks & Credit Unions)

| DEPOSITS | INVESTMENT RATE |
|--------------------------|-----------------|
| Less than \$25 Million | \$595 |
| \$26 to \$50 Million | \$890 |
| \$51 to \$75 Million | \$1,190 |
| \$76 to \$100 Million | \$1,720 |
| \$101 Million | \$2,080 |
| Other Financial Business | \$295 |

(Loan Production, Mortgage Company or Brokerage)

OTHER MEMBERSHIP INVESTMENT RATES

| | |
|---|------|
| Non-Profit Churches, Clubs, Foundations or Organizations | \$75 |
| Real Estate Associate Must be agent licensed under current member brokerage. | \$50 |
| Friend of the Chamber Individual or Retirees not associated with a business | \$75 |

OFFICE USE ONLY

PAYMENT TYPE: Cash Check (Check # _____) Credit Card (An Invoice will be sent to you via e-mail)

Date Processed _____ Staff Member _____